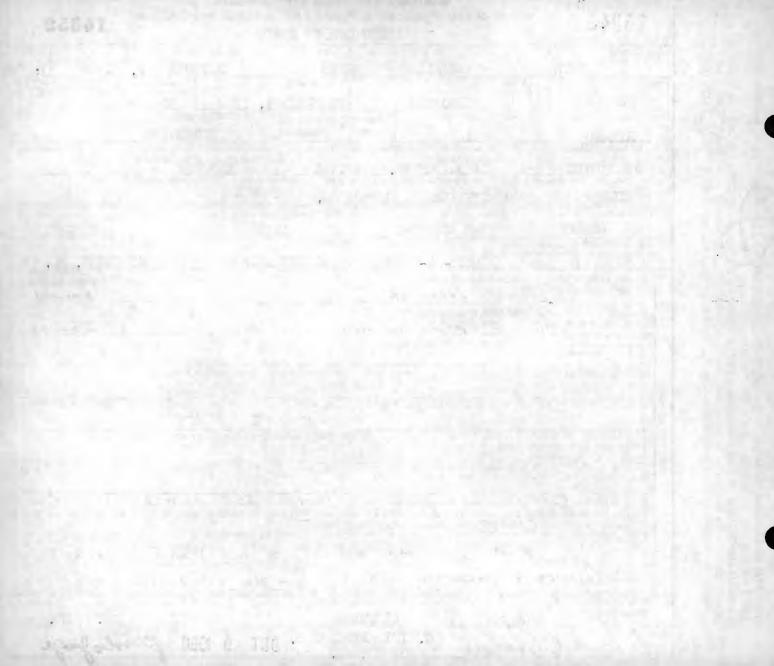
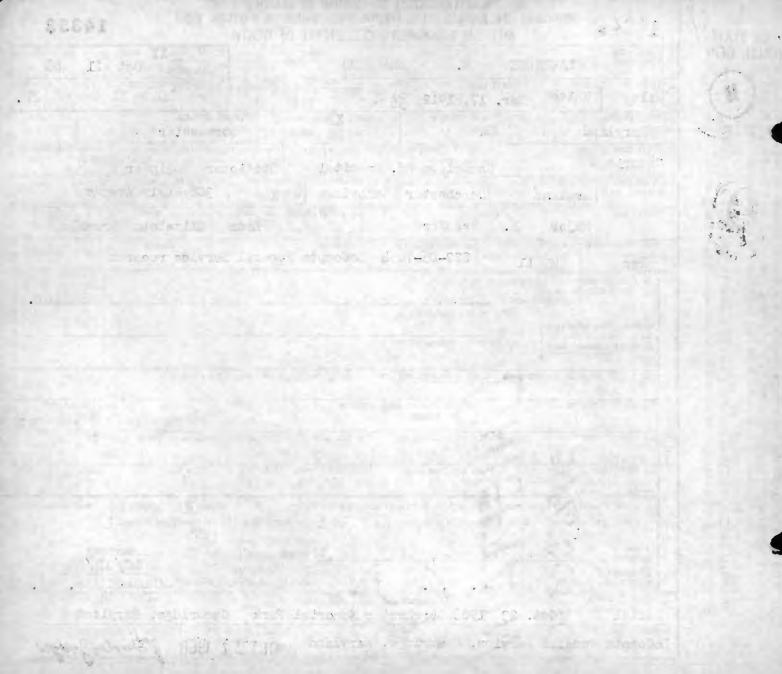
		11716	DIVISION OF V	ITAL RECORDS, 301	W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21	1201
		14342		CERT	IFICATE OF DEATH		14351
Ī		EASED-NAME Firs		Middle	Lost	2a. DATE OF DEATH	2b. HOUR
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3	. SE)		4. RACE	11.1	S. DATE OF BIRTH	6. AGE (In ye	PEGES IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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L		INFO IANG	11.5		OWED DIVORCED	1 DORCHES	ster mo
Į.	0. CI	Y OR TOWN OF DEATH	II. NAM	ME OF HOSPITAL OR INSTITUTION OF INSTITUTION	9 1 2 2	SUAL OCCUPATION (Kind of wor most of wesking life, even if re	
Ľ		ambridge	· G	eet address)	IYUYSINA NI	WIE.	HOWE
100	3a. l Idmis	SUAL RESIDENCE (Where decer	13b COUNTY	1 11/	ITY OR TOWN		
1		sion) SMARU AN			O-15" IA	7.20	272
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		al contract the contract to th	MED FORCES? war or dates of service)	66. SOCIAL SECURITY NO.	17. INFORMANIC AS 904	onursing Homen	// - /
=	7	No	<u> </u>		A Shivley S	my all	APPROXIMATE INTERVAL
1		B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	mly one couse per line ED BY:	tor (o), (b), and (c).)			BETWEEN ONSET AND DEATH
		AT 13 CI	IATE CAUSE (a)	Brock	religioner		10 days
		Conditions, if only, which gove	DUE 10, OR AS	A CONSEQUENCE OF	21	.	
	- 1	ise to immediate cause (a)	(0) 717	A CONSEQUENCE OF	4 /7 2 mil.	DASEAR	
		toting the underlying couse		energlical	2 stility		Section Control of
	1	PART 2. OTHER SIGNIFICANT CO	[-/	the second secon	ATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(g)	1
		4200	None	- Andrew			
	CERTIFICATION	9a. DATE OF OPERATION 198		H OPERATION WAS PERFORM	ED 20o. AUTOPSY?		NDINGS CONSIDERED IN CERTIFYING
1	TIEIC	A			YES NO	CAUSES OF DEATH?	
		Ia. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCURRED (En	nter nature of injury in Part 1 or	Part 2, Item IB.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DE If either, notify medical exam	niner) P.M.	Month Day Year 19			
	ME	21d INJURY OCCURRED 21	. PLACE OF INJURY		21f. LOCATION Street or R.F.D.	Na. City or Town	County State
		t work of work					
		22a. I certify that (I) (t	his haspital) atter	ided the deceased fro	ım_ <i>k</i>	W, 10/0-12	, 19_ 68_ , that (1) (we) las the date and have and fram the
		saw the deceased	alive an / 6 -	did nat) view the bady	_, and that in (my) (aur) a ofter death	ipinian death accurred an	i the date and have and fram the
	-	22b. SIGNATURE	(a) (we) (ald) (c	No har y view me bady			22c. DATE SIGNED
		Ruliand	D. Br	lodean	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	10-14-68
	ŀ	22d. PHYSICIAN'S			22e. ADDRESS		. , , , ,
		NAME (Type) RICH	ARD G.	BILODEAU	CAMBR	DGE, MI.	
1	23a.	BURIAL, EREMATION, 23b	. DATE	23c. NAME OF CEMET		23d. LOCATION (City or To	wn) (County) (State)
A		REMOVAL (Specify)	0-15-196	8 Chestert	IRICH CEMETER	ay CENTREVILLE	E Q.A.Ca. Md.
		UNERAL DIRECTOR	D 1- 12	ADDRESS	250. KECL	BY KEGISIKAK 250. KEG	GISTRAR'S SIGNATURE
1	10	14.13442 Sh	Darin Bo	or Cartrend	La . [] DATELC	T 1 7 1968 00	Charles Judge

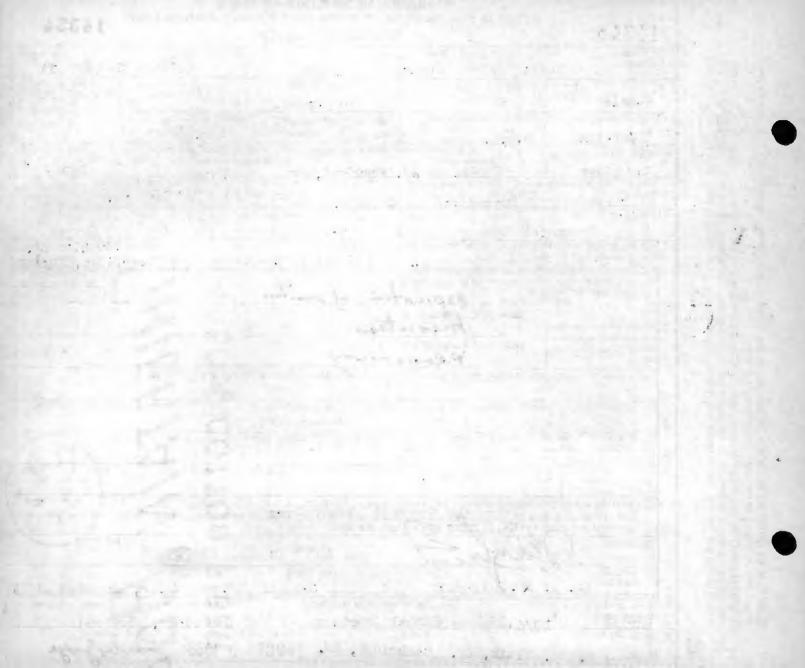
MAKTLAND STATE DEPARTMENT OF HEALTH

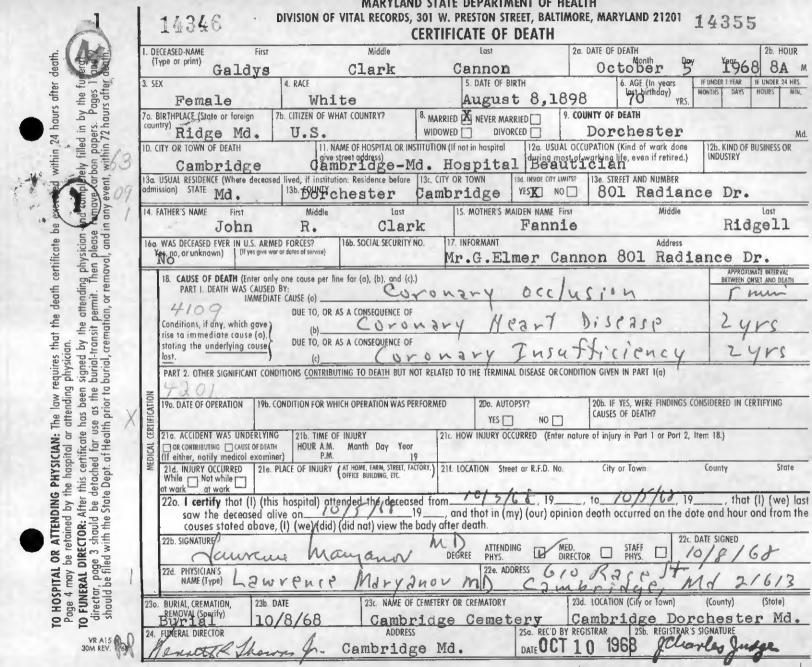
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MARYLAND STATE DEPARTMENT OF HEALTH







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in 24 hour	cau	in laryland	b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Dorchester	Md
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ecuted with completely ove corbor y event, wi	adm	ssian) STATE Md.	lived, if institution: Residence before	Chester YES	NO⊠ ××	
in and se rem		ATHER'S NAME First William	Middle Last E. Johnson		Mary	Howes Lost
rticate l sh sician sn please	160.	WAS DECEASED EVER IN U.S. ARMEI	or dates of service) 2.4-32-7/		Address ne Eastern Shore St	ate Hospital
law requires that the death certificating physicion. been signed by the attending phys the buriol-transit permit. Then prior to burial, cremotion, ar removal	Z	PART I DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave use to immediate cause (a), stating the underlying cause last.	one cause per line for (a), (b) and (c) exercises (a). DUE TO, OR AS A CONSEQUENCE OF (b). DUE TO, OR AS A CONSEQUENCE OF (c). ITIONS CONTRIBUTING TO DEATH BUT NO	or on do go	, ,	BETWEEN OWSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pshould be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine 11d INJURY OCCURRED 21e. Properties of work 22o. I certify that (I) (this	hospital) attended the decease of (did) (did not) view the Relation of Relatio	YES NO YES NO YES NO YES NO YES NO YES NO PORT OF THE PROPERTY OF THE PR	9, to, 19 opinion deoth occurred on the do MED	(County State
F - F	230	BURIAL, CREMATION, 23b. DA BEMOVALISPOSITY FUNERAL DIRECTIONS 11	OCT. 6 231. NAME OF STEN	CEMETERY OR CREMATORY VENSULLE 25a. REC	23d. EOCATION (City of Town) STEVENSVILLE D BY REGISTRAR 25b. REGISTRAR S	
30M REV VAR	18	Ofar L. Jane	Church Hill	Mod DATE	OCT 9 1968 RC	liarles Judge







	١	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7	l	CERTIFICATE OF DEATH	360
death.		DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) Maybelle Trene Dingle dine October 17 18	2b. HOUR 2 30A M
nrs after Pages urs after	3 \$1	Female White Feb. 13, 1889 lost birthday 1 NONTHS	1 YEAR 16 UNDER 24 HRS. DAYS HOURS MIN
24 hau d in b pers. 72 ha	coul	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Derchester	Md
uted within 24 haurs af		Durlock, Md. Belle Husen Nursing Home Housewille He	SIRY ME maker
omplets omplets over carr	13o odm	USUAL RESIDENCE (Where deceased lived, if institution Residence before list CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER (ISSUE) STATE AND STATE OF THE STATE OF THE STREET AND NUMBER (ISSUE) NO STATE OF THE STATE OF	
be exec	14	FATHER'S NAME First Middle REED IS MOTHER'S MAIDEN NAME First Middle Benjamin Franklin REED Parcy ISabelle Henry	Lost
hysician n pleas		o WAS DEFERSTO EVER IN U.S. ARMED FORCES? Yes, no polyunknown) (If yes give war or dates of service) 216-07-40550 Clarifel B. Hindson Buelack	Majares
ie death certificate attending physicia permit. Then plet		18. CAUSE OF DEATH (Enter only one cause per line for (0), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronic Conductor Further of the color	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
it the de the atter sit perm natian, o		Conditions, if only, which gove) (b) Conversions (conditions, if only, which gove) (b) Conversions (conditions)	>
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The law requires th attending physician. has been signed by se as the burial-tra ih prior ta burial, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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The law ratending has been has been see as the lith prior ta	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?	
YSICIAN: aspital ar certificate the far u	MEDICAL CE	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If pither, notify medical examiner) P.M.	
ING PHYSICIAL by the haspital fler this certifica be detached fa State Dept of H	¥	While Not while of work at work	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages shauld be filed with the State Dept of Health prior to burial, crematian, or remayal, and heapy event, within 72 hours after		220. I certify that (I) (this hospital) attended the deceased from, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6, 19_6	that (I) (we) last hour ond fram the
OR ATTEND be retained DIRECTOR: A ge 3 shauld led with the S		226 SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR D STAFF D 161	17/68
O HOSPITAL Page 4 may O FUNERAL t director, pag shauld be fill		22d. PHYSICIAN'S NAME (Type) Handy B. Plyman P. DBx158 Suntu Mo	ny long
TO HO: Page TO FUN directs	1/2	BURIAL, CREMATION, 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count REMOVAL (Specify) 10-20-68 Property Or CREMATORY	sed.
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MAKTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH	
	41001
I REDICAL CANTIDIES 3 CENTIFICATE OF DEATH	14364
1. DECFASED NAME 3 3 First Middle Last 2a DATE KNOWN PR Manth	Day Year 2b HOUR
I I Voe of Priest)	20 19 68
3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 1 F JNDER 1 YEAR 15, JNDER 24 HRS 27 DATE PROMONINGED DEAD	2d HOUR
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	1967 37171
country) A () (1 S 1) MADDINED D DIVIDED D	
	12b KIND OF BUSINESS OR
give streets actions if a graph of working life, even if retired	INDUSTRY
13a USUAL RESUDENCE (Where deceased yield, funstitutian Residence before 13c CITY OR TOWN 3d INSIDE CITY UNITS? 13e STREET AND NUMBER	
odmission) STATE , D 13b. COUNTY TALBOT E, +3 TO N YES NO.	
14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
	PALE
(Yes no grant nown) (If	DEL READ
NO 273-62-7166 K-AAS LOWARD GEET FASTON	N/a. N.D
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cramo - Core has been	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave) (h)	
136 Id Illinediate Cade (a),	
last (c)	
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z 623 t	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
WAS PERFORMED?	YES NO
FR MARY MOR CONTRIBUTING HOUR AM 3 10-20-60	,
	County State
fortory office huldufa atc.)	es Me
	and in my apiniar
	- ' '
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE	
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NAME (Type) By AR W. KIECKR of E-ADDRESS(Strepk (Trydown) or no uply)	
230 BERIAL TREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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Moles Charle Section, med 21601 DATICI 23 1988 Junion	Lank Com
	THE TO , I I LEEM 24 FMEDICAL EXAMINER'S CERTIFICATE OF DEATH L. DETERATIONARY 1

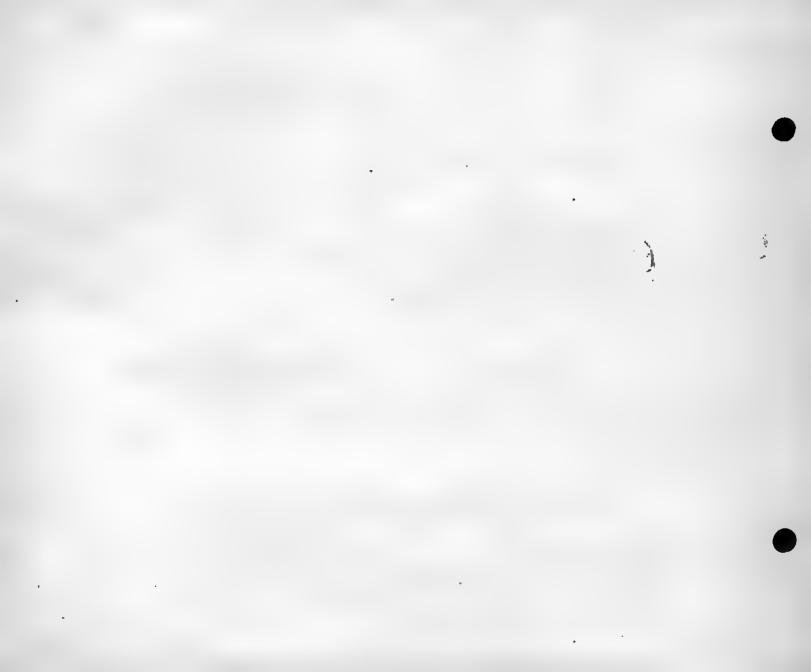


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. 1 DECEASED NAME First M ddle 20 DATE KNOWNER (Type or Print) EST William Arthur Farrare Poge DEATH MATED mint 3 SEX 4. RACE 10/2/192**6** 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR Male Negro 1.0 Doy 27 7PM 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Md. USA Dorchester WIDOWED [77] DIVORCED X 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR Gembridge Md. Hospital Laborer INDUSTRY Cambridge DOA 13a. USUA. RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER edmission) STATE Cambridge Md. 13b. COUNTY Dor. RFD 2 in pencil in Item 18. YES NO.K and 2 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Last Pinder William Henry Farrare Edith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no, or unknown) 218-15-7941 Edith Farrare RFJ 2 Cambridge, Ad. File w.thin 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cranio-cerebral injury Instnat X14.1 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES XI NO -210 EXTERNAL CALSE WAS 21b. TIME OF NURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING 68 was struck by car while walking. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN.LRY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Poge AT WORK AT WORK IR. Cordtown Rd.nr. Cambridge Dor. Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection | Inquiry / and in my apinian Accident X Suicide | Hamicide 🗍 death resulted fram Natural causes Undetermined manner retoined CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE. 10/29/68 DEPUTY MEDICAL EXAMINER 5 moy FO FUNE Health John mace Jr. ADDRESS(Street, city, town, or county) Cambrid, re. NAME (Type) 23a. BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVALISPECTY) Union Chapel Cemetery Cordtown, Jor., 24 FUNERAL DIRECTOR 25a REC D' BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE St. Clair Funeral Lst. Cambridge, id VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



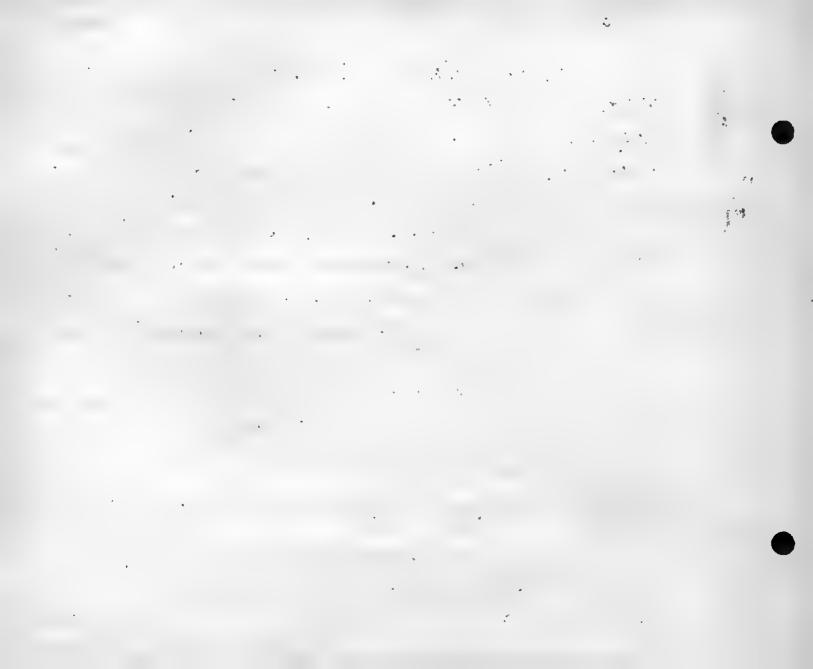
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14367 CERTIFICATE OF DEATH 2b. HOURA Middle Lost 20. DATE OF DEATH 1. DECFASED-NAME First f Pages I and 2 havrs after death. (Type or print) tuneral Harold Haabestad October 4. RACE 5. DATE OF BIRTH IF HINDER I YEAR IF JINDER 24 HRS 3. SEX 6. AGE (In years lost birthday) DAYS HOURS 10-12-98 male white 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED TT NEVER MARRIED country) Wisconsin Dorchester papers American DIVORCED [WIDOWED [12a USUAL OCCUPATION (Kind of work done IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR requires that the death certificate be executed within INDUSTRY WIT Cambridge Maryland Inc. carbo completel I TUNERAL DINECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the butial-transit permit. Then please remove carb shauld be filled with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 113c CITY OR TOWN 13e STREET AND NUMBER admission) STATE Maryland | 13b COUNTY Dorchester Cambridge YES 🗀 Route 1 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME M.ddle Haabestad Hilda Jacobson Owen TAB. SOCIAL SECURITY NO 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) APPROXIMATE INTERVA-18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R F.D. No. State 21d. INJURY OCCURRED City or Town County White Not while 22a. I certify that (1) (this haspital) attended the deceased from 1960, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an causes stated above, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE DIRECTOR 228 PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b DATE 23a BURIAL, CREMATION REMOVAL (Specify) Drexel Hill, Del. Co., Pa. Arlinatan Comotoru 24 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 1968 30M REV 1/68



1	MAKTLAND STATE DEPARTMENT OF HEALTH
X	16352 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14368
X.	CERTIFICATE OF DEATH
£ 2 5€	/Time a month
er deoth funeral 1 and 2 er death	Thomas GROVER HACKELT 10 16 68 1:4 M
fur er	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 1 1 JNDER 14 HRS.
Ē 2 2 2 2 1	make white 4-11-95 lost birthday) YRS MONTHS DAYS MOURS MAN
r T	
9 9	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PEQUNTY OF DEATH
The law requires that the death certificate be executed within 24 hours after death outending physician. The burse of the other physician and completely filled in by the funeral se as the bursal-transit permit. Then please remove corban papers to and the prior to bursal, cremation, or removal, and appreciately within \$2 hours.	MARY/AND U.S.A WIDOWED DIVORCED 1) OF Chester XMd
iller poor	10 OTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
uted within a poletely fille corbon polevent, within	Cambridge (Rica) Tasteen Shore State Hospi during most of working life, even if retired INDUSTRY
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pel de les	admission) STATE 134 COUNTY 1 5 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	MARY AND DECLESTEE LIENNA YES NO -
ond C	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
8 8 9	Thomas B. Hackett Moubray, LARGA Estell Hackett
one It	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Address Address
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y a by	NO NUME I ISTER FASTERN Shall STATE MASP, MIED WELDERS
certif ig phy Then mova	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
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ne death ottendin permit. ion, or rei	
be liou	Canditrans, if any, which gave) Due To, or as a consequence of Canditrans, if any, which gave)
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s b	190 DATE OF OPERATION 195. CONDITION OF WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 12b HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)
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F F F F F F F F F F F F F F F F F F F	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
S er se	Elli elliner, noncy medical exprainer) 1.45 19
PHYSICIAN: e hospital or his certificate stached for u	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
NING PHYSICIAL by the haspital fler this certifice be detached for State Dept. of H	LI WOR OF WORK
ATTENDING stained by th CTOR: After t should be di	22a. I certify that (I) (this haspital) attended the deceased from MAY 13 , 19 68, ta OCT. 16 , 19 68, that (I) (we) last
es de	saw the deceased alive on OCT. 16
Tie Kiet	couses stoted above, (I) (we) (did) (did not) view the body ofter deoth.
A S S S S S S S S S S S S S S S S S S S	22b SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
OR ATTENE be retained DIRECTOR: A pe 3 should ed with the	Famile Gerge PHYS MED STAFF 10.16.68
1 4 C 8 3	22d PHYSICIAN'S 22d ADORESS NA h / 1 1
RAI DE P	NAME (Type) FARUK OZER TORM DELICITION
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	
House He	230 BURIA., CREMATION 236, DATE 23c. NAME OF CHETERY OR CREMATORY 230 TOCATION (City or Town) (County) (Store)
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Λ Λ	ADERESS 250 RECIDENT REGISTRAR 251 REGISTRARS SIGNATURE
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30M REV 1	Lut S. Willoughby Cost Dew Markon OCT 2 1 1968 filliantes Judge

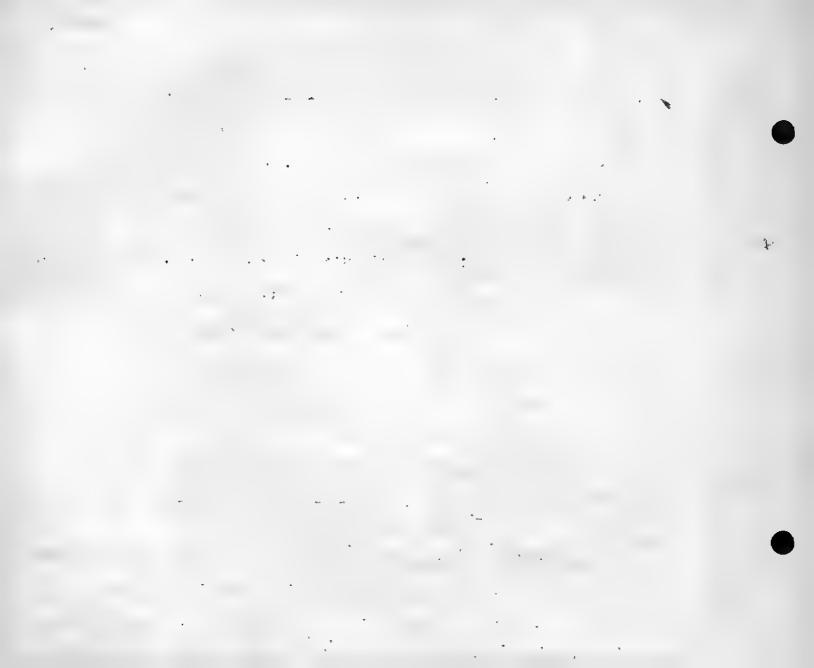


					D STATE DEPARTME		· ·	
1		14350	DIVISION OF		301 W. PRESTON STRE		, MARYLAND 21201	14369
	l				ERTIFICATE OF D	EATH		* 1000
€ - <u>7</u> €		CEASED-NAME First		Middle	Last		ATE OF DEATH	, 2b. HOUR
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full full fer ter	3. SI	X	4 RACE	0.	S. DATE OF BIRT		6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF JINDER 24 HRS MOINTHS DAYS HOURS M.N.
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certificate be executed within 24 haurs after death grants in and campletely filled in by the funeral then pease remaye carbon paper. Pages I and 2 moval, and in any event, within 72 haurs after death	14 E	TUKNOWN	Middle	Lost	IS MOTHER'S MAIC	DEN NAME First	Middle	Lost
ate b	160	WAS DECEASED EVER IN U.S. ARA	AFD FORCES?	16b SOCIAL SECURITY N			cords, Address	
	2)		rar or dates of service)	UN KNOWN			State N.	ospital
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it the the c		Conditions, if ony, which gave)			LEFT PUL	MUNARY	HILUS	2 V175
hat n. yy tl ans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR A	AS A CONSEQUENCE OF	1	<i>y y y</i>	77. –	7
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equires that the d physician. • signed by the ath burial-transit per burial, cremation,		PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISEASE OR CONDITIO	N GIVEN IN PART 1(a)	
en sen sen sen sen sen sen sen sen sen s	z	CHRONIC ORAL	N SINDA	OME ASS.	WITH SENIO	EBRA	IN DISEASE	
endi S. E.	AT10			ICH OPERATION WAS PER			20b IF YES, WERE FINDINGS CO	
AN: The law re all or attending icate has been for use as the Health prior ta	CERTIFICATION				YES 🗀	NO 🗀	CAUSES OF DEATH?	
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DING PHYSICIA by the haspita ffter this certific be detached to State Dept. of H	₹	21d INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME FARM STREET, FACT DEFICE BUILDING, ETC.	TORY.) 211. LOCATION Street	or R.F.D. No.	City or Town	County State
the det		at work at work						10
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ATTENE etained CTOR: A shauld vith the	L	causes stated abav	uve an	(did not) view the	oody after death.	i (aar) apinian a	earn accurred an the ad	te and naur and tram the
State Pari		22b SIGNATURE					22c. [DATE SIGNED /
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AL DAL Dag		22d. PHYSICIAN S	do la	(1140)	22e ADDRE	SS	K	
NER Star, uld b			· ae 12	GUARDI	A, M.)) E	· > · > · Ø	LOCATION (CA Y)	(CA.) (CA.)
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		FUNERAL DIRECTOR		PON ADDRESS	2	So REC D BY REGIS		SIGNATURE
30M REV (68)		Tiler Ich	eles .	Sellywel	le sel.	DADCT 4	1968 Schor	les judge
101				1	7			<i>U</i>



Λ	1	MARYLAND STATE I	DEPARTMENT OF HEALT	TH	
Sales Contract Section .		14361: DIVISION OF VITAL RECORDS, 301 W. PR	ESTON STREET, BALTIMOR	E, MARYLAND 21201 1	4370
	I	em#13a,b,c,e, Film 7407 12/3/48 CERTIFIC	ATE OF DEATH	•	2010
eath 2		ASED-NAME First JOHN Middle ANDREW	Lost HICKEY 20.	DATE OF DEATH	2b. HOUR_
death.		John andrew A	icken	Och Bay	1968 445km
\$ PX	3. SI	4. RACE	S. DATE OF BIRTA	100	UNDER LYEAR IF UNDER 24 HRS
	匚	Male White	12-22-189	// / / / / / / / / / / / / / / / / / /	MAID DWAY LIONNY MINE
illed in by popers. Hin 72 have	70 1999	RTHPLACE (Stote Dose of 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [WIDOWED & WIDOWED &		orcheste	Md
드 를 질린	10	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If no great reproductives) UNIOCK Nd. DELIENCE NUTS	t in hospitor 120 USUAL OCCU	UPATION (Kind of work done working) (fe, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
TO FUNERAL DIFFICOR: After this certificate hos been signed by the ottending physicion and completely director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, with	13o adm	SUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CIDY OR)	FONT 13d INSIDE CITY LIMITY	130 STREET AND NUMBER Str	eety Inknown
COTT TO VE IV EN	-	MOVEMENTAL PHUY		144/17/11/4/5	1744 884
d in on	14. 1	HER'S NAME First Middle Lost Us. William Henry Hickey 15.	MOTHERS MAIDEN NAME First	ta Faulkn	Lost EF
O FUNERAL DIFFICTOR: After this certificate hos been signed by the ottending physicion ond completely filled in director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72.		AS DECEASED EVER IN U.S. ARMED FORCES? To, no, or unknown? (If yes give war or defees of service) 220-/2-537/4	Parifel B. 71.	tinder Hur	lock Ind.
n Plan In Plan		B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)			APPROXIMATE INVERVAL DETWEEN ONSET AND DEATH
ndin it.		B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Chronic Jardiac	Congestive F	Failure	J 1105
erm erm		DIFE TO OP AS A CONSEQUENCE OF			20
the office and the of	L	onements, it only winds gove t	s harrt Dire	6	CCTra
rem rem		DUE TO, OR AS A CONSEQUENCE OF			20
0,0		ost. (c) and Inizel ar	ferinslerr sa	Si	05 mmn
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART I(o)	
2	i z	-6			
JO.	CERTIFICATION	90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	IDERED IN CERTIFYING
ָר <u>ו</u>	15 E		YES NO 🔀		
6 0	3	10. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21€ HO! 3 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor	W INJURY OCCURRED (Enter noture	e of injury in Port 1 or Port 2, Iten	n 1B.)
	MEDIC	f either, notify medical examiner) P.M. 19			
•	*	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOC While Not while 10 twork 10 two	11 100	20/0/00	County Stote
stat	ı	2a. I certify that (1) (this haspital) attended the deceased fram	1 33 , 19 ,	to_10/00, 19_	, that (I) (we) last
9	ı	saw the deceased alive an 19 , and causes stated obove, (I) (We) (did not) view the bady after d	that in (my) (our) opinion o	death accurred on the dote	and hour and from the
=		2b. SIGNATURE OBOVE, (1) PREFUZZY (and flot) VIEW THE BODY OTHER OF	pulli.	22c DAT	E SIGNED
D	ı	DEGRE DEGRE	E PHYS. MED. DIRECTOR	R D STAFF D 10/	IF SIGNED
		2d. PHYSICIANS Prol: P.Flumer II.D.	220 ADDRESS	roline sarylo	'n~
Pin	220	JURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR C	PEMATORY 234	LOCATION (City or Town)	(County) (State)
SIIC		EMOVA (Part) Oct. 12.1968 Western Ceme		Baltimore, Maryl	
	24_	INERAL DIRECTOR / Framptom and Son Federalsburg, Me	2So. REC'D BY REGI	STRAR 2Sb. REGISTRAR S SIG	GNATURE
5 (140)	J	J. Framptom and Son Federalsburg, Me		1968 Polisme	Onder





1	1	14363	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE			d (5) W	
•	1	15000		CERTIFICATE OF DI	EATH		1437	2
		DECEASED-NAME First Type of print)	Middle	Lost	2a.	DATE OF DEATH	. V	2b. HOUR
		HARRY		JACKSON,	JR.	OCTOBER 20		N
	3 5		4. RACE	S. DATE OF BIRTH	1	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
		MALE	NEGROID	 	17, 192	T T T AK2		
	7a cos	BIRTHPLACE (Stote or fareign	7b. CITIZEN OF WHAT COUNTRY?	⁸ MARRIED 🔲 NEVER MARRIEI	V	NTY OF DEATH		
	_	MARYLAND	USA	WIDOWED X DIVORCED	I	DORCHESTER	T	Md
. '		CAMBRINGE	11 NAME OF HOSPITAL OR INS give street address) CA 4BRIDGE MI	O. HOSP. INC.	during most of y	IPATION (Kind of work done vorking life, even if retired.)	126 KIND OI INDUSTRY	F BUSINESS OR
	13o	. USUAL RESIDENCE (Where decease presion) STATE	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d.	INSIDE CITY LIMITS?	13e STREET AND NUMBER		
1		MARYL ND	DO COUNTY DO CONTROL	GREDALIMA		812 PARK LA	NE	
1	14.	FATHER'S NAME First	Middle Lost	15. MOTHER S MAIDE		Middle	A department to	Lost
	14	HARRY WAS DECEASED EVER IN U.S. ARM	W. JACKSON AED FORCES? 1166 SOCIAL SECURITY I		EATRICE	Address	WILS	ON
	100	Yes, no or unknown) (If yes give w	ration dates of service) 215-18-43		ACKSON	503 SAUNDERS	AVE.	21613
	-	gag a.u. ras			110/100/11	Joy onomission	APPRÓX	XIMATE INTERVAL
	П	PART I. DEATH WAS CAUSED	ly one cause per line for (o), (b) and (c) D BY: Hepatic	į			BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (o) HOPATIC DUE TO, OR AS A CONSEQUENCE OF					
	П	Canditians, if any, which gove		0 72				
	П	rise to immediate couse (a) (stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF	S OI IIVAr				
		lost.	(t)					
		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DI	ISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
	I z	5816						
_	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE		7	20b IF YES, WERE FINDINGS C	ONSIDERED IN (CERTIFYING
1				YES 🔲	NO 🔀	CAUSES OF DEATH?		
				21c HOW INJURY OCCUR	RED (Enter nature	of injury in Part 1 or Part 2,	Item 18.)	
	MEDICAL	(If either, notify medical exomin	ner) PM 19					
	*	While hot while at wark	PLACE OF INJURY (AT HOME, FARM STREET FAC OFFICE BUILDING, ETC.			City or Town	County	State
		22a I certify that (I) (the	is haspital) attended the decease	ed from <u>October</u> 1	0,19 <u>68</u> .	to <u>Oct. 20,</u> 19.	<u>_68</u> _, tha	t (1) (we) las
	П	causes stated abave	(I) (wa) (did not) view the	bady after death.	(ani) abiiian (seam accurred un the do	re and nour	and tram in
	П	22b. SIGNATURE			4450	22c.	DATE SIGNED	
	П	The	San	DEGREE PHYS	MED. DIRECTOR	STAFF OC	t. 26,	1968
1		22d. PHYSICIAN'S NAME (Type) J. ED./	IN FASSETT, M.D.	22e. ADDRES 623		REET, CAMBRID	GE, Md.	21613
	230	BURIA., CREMATION, 23b. I	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (City or Tawn)	(Caunty)	(State)
			10/21/68	WAUGH		CAMBRIDGE	DOR.	MD.
0	24.	FUNERAL DIRECTOR	ST.	IR FUNERAL H. 25	a. REC'D BY REGIS	STRAR 256 REG STRAR'S	SIGNATURE	
1		Thedunk (1.	TEXALL CAMBRI	DGE, MD, b	ATE OCT 2	9 1968 golio	when Ja	edge.



MARYLAND STATE DEPARTMENT OF HEALTH 14364 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14373 CERTIFICATE OF DEATH Middle Last 20 DATE OF DEATH DECEASED NAME First and 2 death. 24 hours after death. 10 Manth 10 Doy 68 Year (Type or print) SHIRLEY (SHELLIE) SLEATER JOHNSON after 4 RACE S. DATE OF BIRTH IF UNCER 24 HRS 3. SEX AGE (n years IF UNDER 1 YEAR lost birthdoy) DAYS 03 - 18 - 01MONTHS HOURS NEGRO FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED COUNTRY) U.S.A. WIDOWED [DIVORCED [DORCHESTER ban par withih 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within during most of working life, even if retired.) give street oddress) attending physicing university. Then please remove carban CAMBRIDGE (RURAL) EASTERN SHORE STATE HOSP. burial, cremation, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY DORCHESTER HURLOCK YES NO X Pickletowm Road-Box374 Middle 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last pe IDA DAVID EDWARD SANDERS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT requires that the death certificate Address Yes, na, ar unknawn) [III yes give wor or datus of service) 242-05-7221 A HOSPITAL RECORDS APPROXIMATE INTERVA-18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise to immed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s se as the t th priar to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X KO [T far use i Health r O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County State City or Tawn DEFICE BUHLDING FTC. While Not while 22a. I certify that (I) (this haspital) attended the deceased from SEPTEMBER 1/1965, to UCT. 10, 1968, that (I) (we) last saw the deceased alive an OCT. 10, 1968, and that in (mv) (aur) applicant death accurred as the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNAPURE 22¢. DATE SIGNED ATTENDING O N LOEGREE DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22e. ADDRESS 230. BURIAL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial 1968 Rhodesdale Cemetery Rhodesdale, Maryland 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Ochante 1968



1 I	1	MARITAND STATE DEPARTMENT OF REALTH	
1 11_		14365 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14374	
		CERTIFICATE OF DEATH	
. 2	1 D		HOUR
after death he funeral less 1 and 2		Type or print) . Month Day Year	55
death meral and death	_	JORA LENA KANGRAIL 10 19 68 4	4 "
	3. SE		24 HRS.
	1	Temple, white 5-11-1890 10ST DIRTHDAY) YRS MONTHS DAYS HOURS	
haurs Frank		BIRTHPLACE (State or foreign 7b CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
E SE	COU	naryland U.SA WIDOWED & DIVORCED Disechester	< Md.
lled /	100	STY OR TOWN OF DEATH . II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAT OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS	
within fille ban po	V	1) give street oddress), and forming most of working life, even if retired \ INDUSTRY	
	130	USUAL RESIDENCE WHERE DECORATE INSTITUTION RESIDENCE DEFORE 132 CITY OR TOWN 130 INSIDE CITY CHAPTER AND NUMBER	
ate be executed ician and comp elease remaye car and in any event		INSEAD) STATE PARTICULAR 136 COUNTY / 1 VISTO NO FOLLOWING	
		DORANOSTE DI DORUNESTER NUCOPPORTO - 200 124	
and rem	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last	
ate be	L	Charles recompte Deward	M
licate b sician please il, and i		WAS DECEASED EVER N JS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Can by de son or unknown (If yes give war or dates of service)	[110.
phys phys en p aval,		NO 214-07-7280 EASTERN Shore State Hosp. (Med. Regards)
aquires that the death certifice physician. signed by the attending physi burial-transit permit. Then plburial, crematian, ar remaval,		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	VÁL
ie death cer attending p permit. The		PART 1 DEATH WAS CAUSED BY.	PLOTTI
dec dec		IMMEDIATE CAUSE (a)	
e a right		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Hypertensive arterior length heart clisease	
at the		tise to immediate course (a) (
s that the cian. d by the transit transit , cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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and the state of t	Ĭ	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	G
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by the haspital ar by the haspital ar ofter this certificate be detached far u State Dept. af Heaf			
교 후 후 등 등		at work at work at the A(1) (this has itself) at the decreed from \$5.50 and \$10.60 at the A(2) (this has itself) at the A(2) (ia) last
IDING J by t After J be o	П	22a. I certify than (1) (this haspital) attended the deceased from 3-30, 1962, ta 10-19, 1965, that (1) (we saw the deceased alive on 10-19, 1965, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour and from 1960, and that in (my) (our) apinion death occurred on the date and hour an	om the
OR ATTENDING be retained by the NRECTOR: After the 3 shauld be ded		couses stoted above, (1) (we) (did) (did not) view the body ofter death.	//// ////
AT She shall		22b. SIGNATURE 22c DATE SIGNED	
OR De red w		Marshall (1 Summon M DEGREE PHYS. DIRECTOR STAFF 1/2-19-1968	
	1	22d. PHYS CIAN S 22e. ADDRESS	
K B B B B B B B B B B B B B B B B B B B		NAME (Type)	
Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 should shourd be filed with the	720	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote	e)
F Sp F sign	230		')
5 5 6	24	EINVENT DIDECTOR ANDRESS JOSE DECT BY DEC STOAD JOSE DECESTRADE SECURATION	
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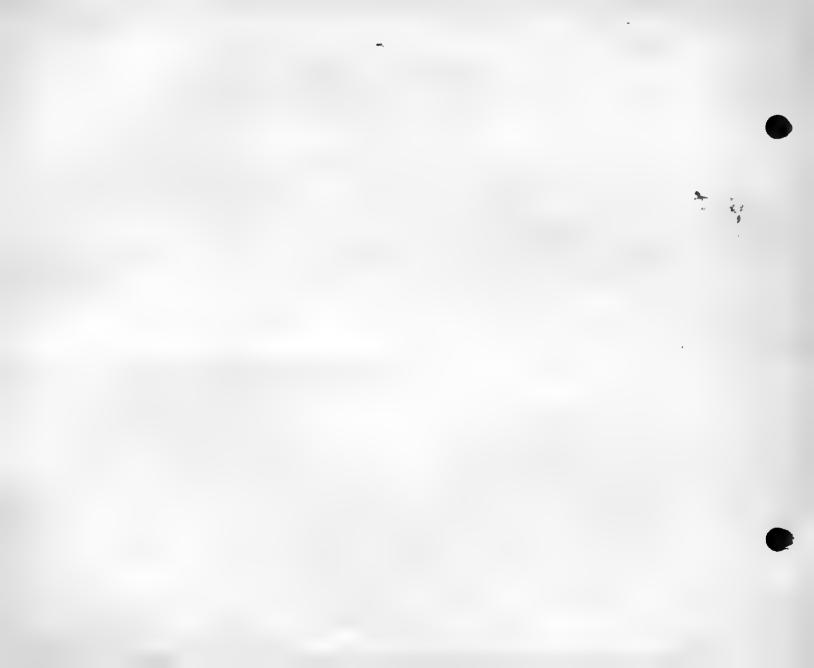


11	1	MAKTLAND STATE DEPARTMENT OF HEALTH TO CO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	- Samuel	ASSOC MEDICAL EVAMINED'S CEDTIFICATE OF DEATH	1 / 2 7 7
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOLL
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id 3 i. Pag	3 5		2d HOUR
any delay is 2, and 3 ta PM3. Page panme≡t af		Temale White 04-08-97 86 8782 vrs 1000000ct by 18	Year 1968 8 * PM
- E		8 RTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
The same	10 (Maryland Dorchester Wie WIDOWED DIVORCED Dorchester	Md 12b. KIND OF BUSINESS OR
after death 8. Give Pages 1, along with farm with the State 1		give street address) Cambridge Mary landduring most of workinglife, even if retired)	NDUSTRY None
after 8. GIV along with t	13n	USUAL RESIDENCE (Where deceased used in stitution Residence heterelia: CITY OR TOWN 13d. MSIDE CITY LIMITS? 13d. STREET AND NEIMBER	110110
rs after 18. Gille alon 2 with death	a	omission) STATE Tyland 13b (OUNTY Dorchester Vienna YES K NO]	
24 havr s Offin s Las s affer	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
2 d 2 s		Thomas J. Connor Andie	Handy
pencil paraminer's xaminer's le pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, n.g. or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
be executed with pending" in pending" in pendical Exacansist permit. Flee		No. Cambridge Hospital records	APPROXIMATE INTERVAL
executed nding" ii Medical permit. nt within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Terminal pneumonia	3 days
exec ndin Med per per		DUE TO, OR AS A CONSEQUENCE OF	o days
be "pe "pe unief		Conditions, if any, which gave } Cerebral vascular accident	30 days
shauld e ward t the Ch urial-tro		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	30 days
shauld be e ne ward "per a the Chief ! burial-transit	,	Fracture neck 1. humerus	ov days
INER: This certificate shauld be executed within 24 haurs shauld be farwarded to the Chief Medical Examiner's Office files. 3 shauld be used as a burial-transit permit. Fle pages Jac 2 nation, or removal, and in any event within 72 haurs after d		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi , writin arward used a moval,	NO!	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his ce ate, v e farv e farv remo	CERTIFICATION	WAS PERFORMED?	YES NONCX
4- <u>2</u> -	CFR	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth Doy, Year 21c HOW IN. URY OCCURRED (Enter nature of njury in Port 1 or Port 2, Iter	
XAMINER: T te the certific ge 4 shauld b yaur files. age 3 shauld crematian, ar	MEDICAL	PRIMARY OR CONTRIBUTING A 12N PM 32pt18 19 68 Fell in home	
	₹.	21d IN. JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, white will be not white the factory, affice building, etc.)	County State
Cre aga aga		AT WORK AT WORK AT TOURS	Dor Md.
AL Far Par Par Par Par Par Par Par Par Par P		22a certify that I taok charge of the remains described above, held an Autopsy, Inspection 🛣, Inquiry,	ond in my opinion
please exploration of the please of the plea		death resulted fram Natural causes 🔲 , Accident 🔀 , Suicide 🗍 , Homicide 🔲 , Undetermined manner [
		ACTUAL SIGNATURE SOLAR DATE SI	IGNED
UT) ary, nerg be be Pr		DEPUTY MEDICAL EXAMINER (X) 10/19/	
necessary, price funeral S may be re ro FUNERAL Health prior		NAME Type) John Mace Jr. ADDRESS(Street, city, tawn, or county)	
TO DEPUT necessary the funel 5 may b TO FUNER Health	l l	PEMOVAL (Specify)	County) (Store)
2		drial Oct 21, 1968 Sunnyridge Cemetery Cristield, Somer	
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
10M REV. 1/68		Bradshaw & Sons Crisfield, Maryland DATE OCT 2 3 1968	1 -1



1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	143	378
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME (Type or Prn1) 1 USC Harry Hodge And Prn1 Death Mater 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Year 20 HOUR
delay is ad 3 ta cage	3. SEX 4 RACE S DATP OF BIRTH OF AGE (n years Funder 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD UNITED TO THE PRONOUNCED DEAD VRS WONTH'S DAYS MONTH'S DAYS MONTH ODRY // YEAR VRS WONTH'S DAYS MONTH'S DAYS MONTH ODRY // YEAR	or 10 28 2d HOUR
	7a BIRTHPLACE (State, or fore gn 7b. CHYZEN OF WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DIVORDED DIVORCED DIVORDED	~ Ma
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with a Gir	13a USUA. RESIDENCE (Where deceosed lived, if institution Residence before 13c CTY OR TOWN 3d MSDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY CT EN MO TEST NO TE	
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thin nine page hav	160 WAS DECEASED, EVER IN U. S. ARMID FORCES? (Yes, no, of unknown) (11 yesfords wor or dotes of service) 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, of unknown) (11 yesfords wor or dotes of service)	wMarket
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	APPROX MATE INTERVAL TWEEN DISET AND DEATH
X 5 4 6 4	DUE TO OR AS A CONSEQUENCE OF Canditians, if any which gave	
	rise to Immediate couse (o), storing the underlying couse lost	
ed the same and a same	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
this certificate, writing the farward be used a remayal,	190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c HOW MUURY OCCURRED (Enter nature of many in Part 1 or Port 2, Item 18)	AUTOPSY?
編 	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21b TIME OF INJURY Manth, Day Year 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)	
MIN the 4 sh ur fill e 3 s	21d NJURY OCCJRRED 21e PLACE OF INJURY (At home, form, street, white at work a	y State
NL EX Xectul Year Far) OR: P	22a certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry a	nd in my apinian
ITY please eral directal be retained RAL DIRECT prior to bu	death resulted fram Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
TO DEPUTY CALL OF THE FORMAL OF THE FUNERAL DIRECT HEALTH OF THE FORMAL OF THE PRIOR OF THE PRIO	ACTUAL SIGNATURE SIGNATURE EXAMINER'S EXAMINER'S NAME (Tyger) ADDRESS(Street, city, tawn, ar county)	11/68
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VR ATSME (5)	ADDRESS 2SQ REG D BY REGISTRAR 2SD REG STRARS SIGNATURE OF THE PORT OF THE POR	REQUEST
10M REV 1/68	The state of the s	10





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¥- 1	1	MARYLAND STA	PRESTON STREET, BALTIMORE, MARYLAND 21201	41200
FOR STATE			ER'S CERTIFICATE OF DEATH	14382
HEALTH DEPT.		EASED-NAME First Middle	Lost 2a DATE KNOWN Month	Day Year 2b HOJR
0 0 0 10 15	}	pe or Print) Della Mae	Smith OF ESTI-	27-68 19 12,32
Pod 3	3 5	4. RACE S DATE OF BIRTH 6 A	GE (In years IF LINDER I YEAR IF JINDER 24 HRS. 20 DATE PRONOLINGED DEAD	7-68er 2d Hook*
ny deloy is 2, and 3 to PM3. Page	<u> </u>		YRS YRS	19 M
- 1	/o. cour	RTHPLACE (Stote or foreign //) Kentucky // U.S.A.	8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DETENBENCE Berchester	AA 1
Give Pages 1, and with form the Stote De fft.			INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done	Md.
dec p with the c	Ł. "	mkwood give street address)	during most of warking life, even if retired)	INDUSTRY
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hoo after 8. Gi Office olone 1 and 2 with	<u> </u>	HER S NAME First Middle Los	10 10	
	. 4. 6	James L. Brock	15. MOTHER'S MAIDEN NAME First Middle	Bullins
hing the name of the second se	160	AS DECEASED EVER IN U.S. ARMED FORCES? 1865 SOCIAL SECURITY	NO 17 INFORMANT ADDRESS	
within pend xami le pri	()	(If yes give wor or dotes of service)	Cambridge Hespital records.	
be executed v "pending" in hief Medicol Ex ransit permit. F I		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c) PART I. DEATH WAS CAUSED BY: Multip).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e e e) ef M est p		Onditions, if only, which gave	DF .	
Id b		ise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE (DF	
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XAMINER: te the certing 4 should your files. 'oge 3 shoul tremotion,	MED	d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory office building, etc.)		County Store
You you tree		AT WORK AT WORK X Highway		or. Md.
bical EXA se execute se execute rctor. Page ned for you ECTOR: Pog buriol, cre	1	22a certify that I taak charge at the remains descri		parent,
p eose exect l director. Pa retained for L DIRECTOR: ior to buriol,		death resulted fram: Natural causes [], Accide	nt XII, Suicide , Hamicide , Undetermined manne	
<u>a_</u> 2		ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER 226 DAT	E SIGNED
PUT Sary, Junera y be IERA		EXAMINED'S	DEPUTY MEDICAL EXAMINER X 10/	27/68
TO DEPUTY necessary, p the funeral 5 may be re TO FUNERAL Health prio		NAME (Type) John Mace Jr.	ADDRESS(Street, city, town, or county)	
5 c + 2 5 ±	230	PEMOVAL (Specify)	F CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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. 1	MARYLAND STATE DEPARTMENT OF LALTH
TOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEDT	14385
ALALIII DEFI.	1. PLACE OF DELTE a. COUNTY STATE 1. PLACE OF DELTE 1
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	3. NAME OF First / Mode / Lost 4. DATE Month Day Year
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of Se to Se	5. SEX 16. COLOR OR RACE 7, MARRIED DE NEVER MARRIED 1 8 DAJE OF BIRTH 19 AGE (11 years IF UNDER 14 HRS
P P S N C	WIDOWED DIVORCED 2/24/13 33 yrs Hours Min.
att of the	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
n s la	done during most of working life, even if retired)
24 hore Page Pages pages	13. FATHER'S NAME
Silve Silve Mile p	Islan Willey, and fryher
with 18. (for for d in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give we ror deles of service) Address
ited y with with permi	theren B. Willey, Harlock, Md
oxecuil in I	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) ' PART I. DEATH WAS CAUSED BY:
be e ancil Fra remo	IMMED ATE CAUSE (a)
uld in p Office uria	
short s of s i a b ion,	gave rise to immediate ceuse
ifficate pendir aminer ised as cremat	(a), stating the underlying cause lest. (c)
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word word lical E lid be burial	FERFORMED? YES NO
he v hedi houl to b	2De EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 'PRIMARY or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CAUSE OF DEATH.
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Chie Chie age	Z 20c. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stele) Hour a.m., While Not While factory, street, office bldg., etc.)
EXA sate, v o the OR: P agent	p.m. 19 al work at work
	21 I certify that I took charge of the remains described above, held an Autopsy I Inspect on Inquiry I, and in my opinion
EDICAL he certifi awarded i DIRECT	death resulted from: Natural causes Accident Suicide . Homicide . Undetermined manner
des des	ACTUAL ASSISTANT MEDICAL EXAMINER (DATE SIGNED
- E E	SIGNATURE DEPLITY MEDICAL EVA MINER N
DEPUTY should t FUNERAL	NAME (Type) JOHN MACE OR. Address (Street, city, town, or county)
Ψ (i)	22a. DURIAL, CREMATION, 22b DATE THEREOF 22c. MAY'E OF CEMETERY OR CREMATORY 122 LOCATION (City, town, or country)
5 2 4 5 ±	Darial 10/3/68, Shobtank Choptank Ind
VR A15ME	ADDREST 248. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
5M 1/62	Julio Millorghof Tosel low Market DATE OCT 2 1968 Charles July
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112		14378	D	IVISION OF VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIMO	RE, MARYLAND 21201	41000
	1	73010			CERTIFICATE OF	DEATH		14387
£ _ ~ £		CEASED-NAME	First	Middle	Lost	20	Z. DATE OF DEATH	2b. HOUR
affer deoth he funeral ges 1 ond 2 affer death	1	'ype ar print}	W.	Oliver	Wright		October	Day Yeor 8 2 n M
fun er o	3. SI	X		4. RACE	S. DATE OF E	BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 2 CHRS.
s after deoth the funeral bges 1 ond s after death		Male		White	Marc	ch 8, 189	last birthday)	MONTHS DAYS HOURS MIN
Sun A	70.	BIRTHPLACE (State or fore)	gn 76.	CITIZEN OF WHAT COUNTRY?	B. MARRIED X NEVER MA		DUNTY OF DEATH	
be executed within 24 hours after death, and completely filled by the funeral e remove corbon poper. Pages 1 and 2 in any event within 22 bours after death.	COU	Maryland		U.S.A.		RCED 🗍	Dorchester	Md
2 00		ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	12a. USUAL OC	CUPATION (Kind of work don	12b. KIND OF BUSINESS OR
with Son 1	(ambridge		Give street address) Cambridge	Md. Hospital	during most o	f working life, even if retired. Carrier	I) INDUSTRY
Sorte Sorte	130.			lived, if institution: Residence before	13c. CITY OR TOWN	136. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
15 me 209	oam	ssian) STATE Md		13b. COUNTY Dorcheste	r Cambridge	YES NO [114 Veau de	a Leau, Street
ound (et	14.	ATHER'S NAME First		Middle Lost	IS. MOTHER'S A	AAIDEN NAME First	Middle	Last
		Wi	lliam	Oliver Wright		lattie Wh	ite	
physician and completely non please remove corbon aval, and in ony event, will		WAS DECEASED EVER IN L	J.S. ARMED	datas of samura)	NO. 17. INFORMANT		Address	
ohys val,		es no or unknown) (If	No	dates of service) Unknown	Mr. Fr	ank Wrigh	t. Cambridge.	
ne deoth cer offending p permit. The		1B. CAUSE OF DEATH (E	nter only o	ne couse per line for (a), (b), and (c)	1)/	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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w rading seen the rto	NO	Bronce	10/	neumonia		0/85	mellin	الــــــــــــــــــــــــــــــــــــ
OR ATTENDING PHYSICIAN: The low requires that the deoth certification be retained by the hospital or attending physicion. SIRECTOR: After this certificate has been signed by the offending physician e. 3 should be detached for use as the burial-transit permit. Then plead with the State Dept. of Health prior to burial, cremation, ar remayal, and	CERTIFICATION	19a. DATE OF OPERATION	19b. CON	IDITION FOR WHICH OPERATION WAS PI		-	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
T at a the house	ERTIF	AL ACCIDENT DOLC UNI	TEDI VINIC	Tail time of times	YES		70	-3
AN: olo icote for Heo		21a. ACCIDENT WAS UNI		21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OF	CURRED (Enter nat	ure of injury in Part 1 or Port	2, Item IB.)
Sicility Spital	MEDICAL	(If either, notify medical	examiner)		9			
HY ho is c hach	2	21d. INJURY OCCURRED While Not while at work	21e. PLA	CE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY, 21f. LOCATION Stre	eet ar R.F.D. No.	City or Yawn	Caunty State
the dela		at work at work	//) //L: L		11/11/11	10/28	in hort	19 61, that (1) (we) last
R ATTENDING retained by RECTOR: After 3 should be with the Stot	Н	saw the decea	(I) (TNIS I sed alive	naspital) attended the decease	ed ram (CE)	ny) (our) oninia	death accurred on the	date and hour and from the
TEN The child		couses stated	abave, (I) (we) (did) (did nat) view the	body after death.	,, (00,, 0p,,,,,	r dedili decontra on mo	dore ond noor ond nom me
A STORES		22b. SIGNATURE	/	11 111	ATTEMO	INC - MED	STACE2	2c. DATE SIGNED
or be a	0	Sewy 1	24.1	Surdette	DEGREE PHYS.	ING MED.	OR STAFF	00168
TAL TAL AL Page Page		22d. PHYSICIAN'S NAME (Type)	21/0	M. Burde,	22e. AD	DRESS	A 1 6	22 100 100
Page 4 may be retained by the hospital or attending physicion. • Funeral Director, page 3 should be detached for use as the burial-tronsit permit. Then please remove conshould be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in ony event						juraya.	Vy Cuno	rage, just
Bg age	230	BURIAL, CREMATION,	23b. DAT		CEMETERY OR CREMATORY		d. 10CATION (City or Town)	(County) (State)
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